



YOUTH SERVICES  
DEPARTMENT OF CORRECTIONS

STEVE GIBSON, DIVISION ADMINISTRATOR

---

**STATE OF MONTANA**

---

[Insert RAOs Address]  
TELEPHONE: (406) [insert phone #]  
FAX: (406) [insert fax #]  
[insert RAOs email address]

[Insert RAOs Name]

**TERMINATION LETTER**

[DATE]

[NAME]  
[ADDRESS]  
[CITY/STATE/ZIP]

Dear [Mr / Mrs / Ms]:

On [DATE], your [SON/DAUGHTER], [NAME], was released from [FACILITY] and returned home. Your cost-of-care contribution due [DATE], is, therefore, the final payment you are required to make in connection with [HIS/HER] [FACILITY] placement.

[NAME]'s commitment to the Department of Corrections/Youth Court does not expire until [DATE]. If [HE/SHE] is subsequently placed at the expense of the Department of Corrections, your cost-of-care contribution will resume.

The Department of Corrections and the State of Montana thank you for your contribution toward the care of your [SON/DAUGHTER]. If you have any questions, please contact me..

Sincerely,

[NAME]  
Regional Administrative Officer